

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 104

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary L Barnett

Mailing Address P O Box 372

City

Mattoon

State

IL

Zip Code

61938-0372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sarah Bush Lincoln Health Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. David A Carlson

Mailing Address 4320 Turtle Bay

City

Springfield

State

IL

Zip Code

62711-7889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955634

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Timothy J Eckels

Mailing Address 33 Oak Lane

City

Springfield

State

IL

Zip Code

62712-8611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

Vice President, Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955637

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00